

## PART B - FEE(S) TRANSMITTAL

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Angela M. Rossi	(Depositor's name)
<i>Angela M. Rossi</i>	(Signature)
October 6, 2006	(Date)

JOHN S. PRATT, ESQ  
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 10/11/2006 LWONDIH2 00000062 09577101

01 FC:1501 1400.00 OP  
 02 FC:8001 30.00 OP



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/577,101	05/24/2000	William W. Hanby		5286

TITLE OF INVENTION: "METHOD AND SYSTEM FOR QUOTING, ISSUING, AND ADMINISTERING INSURANCE POLICIES INCLUDING DETERMINING WHETHER INSURANCE POLICIES ARE SELF BILL OR LIST BILL."

APPLN. TYPE	SMALL ENTITY	ISSUE FEE-DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLECK, CAROLYN M	3626	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kilpatrick Stockton LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

OMAHA, NEBRASKA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*James L. Ewing, IV*

Date

October 6, 2006

Typed or printed name

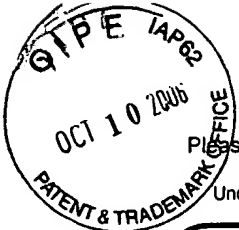
James L. Ewing, IV

Registration No.

30,630

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/577,101	
	<b>Filing Date</b>	MAY 24, 2000	
	<b>First Named Inventor</b>	William HANBY	
	<b>Group Art Unit</b>	3626	
	<b>Examiner Name</b>	C.M. BLECK	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	33508/261850

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input checked="" type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  1. Part B Issue Fee Transmittal (PTOL-85) 2. "Fee Address" Indication Form
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James L. Ewing, IV, Reg. No. 30,630
Signature	
Date	October 6, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as certified first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name	Angela M. Rossi		
Signature		Date	October 6, 2006

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